

Interagency Sharing Agreements

**Phoenix VA Medical Center and PIMC
Gastroenterology Services
2000- 2006**

The Problem

- Sub specialists at PIMC experience rapid burn out rate
- Gastroenterologist left 1999
- Requirements:
 - 24/7 GI emergency call coverage
 - Outpatient and inpatient endoscopy service
 - GI clinic

The Solution

- Increase access to medical care
- Veterans or all Native Americans?
- Highest level involvement possible
- Project Officer
- A “win-win” situation

The Early Years

- Honeymoon period
- Establish good habits
- Smooth the way for their needs
 - Information Technology
 - Finance
 - Credentialing
 - Medical Records

Middle Age

- Financial headaches
- Medical Staff privileging, responsibilities
- Status of Fellows and Residents
- Personnel turnover
 - Point of contact
- Unresponsive contract providers

Buffer Role

- Orientation
- Privileging
- Medical records
- Peer review
- Malpractice coverage
- Institutional memory

The Golden Years

- More grumbling
- More players don't remember the "bad old days"
- Contract modifications and renewals
- Keep in touch with the other side

Pros and Cons

- | | |
|----------------------------------|------------------|
| • Patient access to care | • Affordable? |
| • Call coverage | • Maintenance |
| • Staff retention | • Call sharing |
| • 3 rd Party billings | • Inefficiencies |
| | • Cat fights |